

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001020

FILED  
May 01, 2007  
Secretary of State

**Entity Name:** SPRINGFIELD COMMUNITY SUPPORT CLUB OF THE STATE OF FLORIDA, INC.

**Current Principal Place of Business:**

3542 E 3RD ST.  
PANAMA CITY, FL 32401

**New Principal Place of Business:**

546 N. STAR AVE  
PANAMA CITY, FL 32404

**Current Mailing Address:**

3542 E 3RD ST.  
PANAMA CITY, FL 32401

**New Mailing Address:**

546 N. STAR AVE  
PANAMA CITY, FL 32404

**FEI Number:** 59-3347183      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

JONES, LEON  
3542 E 3RD ST.  
PANAMA CITY, FL 32401      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: V      ( ) Delete  
Name: LONG, ROSA  
Address: 137 DETROIT AVE.  
City-St-Zip: SPRINGFIELD, FL

Title: T      ( ) Delete  
Name: BRYAN, DAVID  
Address: 149 DETROIT AVE.  
City-St-Zip: SPRINGFIELD, FL

Title: D      ( ) Delete  
Name: BRYAN, TAYHEEDAH  
Address: 149 DETROIT AVE.  
City-St-Zip: SPRINGFIELD, FL

Title: D      ( ) Delete  
Name: SMITH, SAMUEL  
Address: 154 CLAIRE AVE.  
City-St-Zip: SPRINGFIELD, FL

Title: S      ( ) Delete  
Name: JONES, MARY  
Address: 6009 IVY RD.  
City-St-Zip: CALLAWAY, FL

Title: D      ( ) Delete  
Name: MAHONE, GRANT  
Address: 124 WABASH AVE.  
City-St-Zip: SPRINGFIELD, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEON JONES

D

05/01/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date